



NOTICE OF ACTION

State Form 35955 (R9 / 5-04) / FI FS 0041

ACTION TAKEN ON YOUR FOOD STAMP CASE

The records in this series are confidential according to
470 IAC 6-1-1.

Name and address of agency

Case name and address

Case number

Case worker I.D.

Telephone number

Date Notice of Action sent (*month, day, year*)

☐ The increase in benefits you are to receive next month is due to a proposed decrease in your Temporary Assistance for Needy Families (TANF) cash assistance benefits. If you request that your TANF benefits be continued at the previous amount pending a fair hearing, your Food Stamp benefits will be reduced to the previous monthly amount.

☐ You have applied for TANF. Your Food Stamp benefits may be reduced or cancelled without advance notice if you are approved for TANF.

☐ We expedited your case by allowing you to turn in your verification(s) later. Therefore, your second month's benefits may be reduced or cancelled without advance notice if your verification isn't in by the deadline, or if your information shows it should be.

IMPORTANT

1. We have processed your Food Stamp application and we have taken the action checked (3) below.
2. * For CANCELLATIONS of benefits and REDUCTIONS of benefits: We will put your food stamp benefits back to their old amount, if we receive a hearing request on this action by the 10th day from the date this notice was sent. But, if the hearing decision says we were right to reduce or cancel your benefits, you will be responsible for paying back any excess you received while waiting for the hearing.

YOU HAVE UNTIL THE 90TH DAY FROM THE DATE ABOVE OR UNTIL THIS CERTIFICATION PERIOD IS OVER TO ASK FOR A FAIR HEARING ON WHAT WE HAVE DONE. HEARING RIGHTS EXPLAINED ON BACK.

(3) ACTION TAKEN	ACTION
	* Cancelled your benefits starting on the date below: Date _____ Reason: _____
	* Changed your benefits starting on the date below to the said amount: Date _____ : Amount \$ _____ Reason: _____
	Suspended processing your application because you did not _____ yet. Your deadline for complying is now _____. If you were at fault for this delay, you will not receive benefits for the month of application.
	Suspended your benefits. This means that you will not actually be receiving Food Stamp benefits because while your assistance unit is categorically eligible based on receipt of Temporary Assistance For Needy Families (TANF) and / or SSI, you are over the income limits to receive benefits. This suspension will last until your circumstances change so that you are eligible for benefits.
	Certified your household as eligible for the time period below: From _____ Through: _____
	You were not eligible for the month of application because:

(See reverse side)

(3) ACTION TAKEN	ACTION
	<p>Your household is eligible for the amounts indicated below. Future amounts may change as you report changes in your household's circumstances.</p> <p><input type="checkbox"/> Amount for the first month \$ _____</p> <p><input type="checkbox"/> Amount for the second month \$ _____</p> <p><input type="checkbox"/> Amount for each of the rest of the months \$ _____</p>
	<p>Denied your household's application because:</p>

HEARING RIGHTS
<p>If you disagree with the action taken or proposed to be taken on your case, as explained on this notice, you have 90 days from the date this Notice of Action was sent to request a fair hearing. If you disagree with your current level of benefits you may request a hearing anytime within your certification period even though 90 days have elapsed.</p> <p>If we are proposing to cancel or reduce your food stamp benefits, you may be eligible to continue receiving benefits at the current level until a hearing decision is released; your certification period expires; or, until there is another change in your circumstances which affect your benefit level. In order to continue receiving your benefits at the current level a request for a fair hearing must be received no later than 10 days after the date this Notice of Action was sent. If the hearing decision finds that the local office's proposed action was correct you will owe back the value of the extra benefits you received based on your requesting the hearing within 10 days. If you are entitled to receive benefits at the previous level, your benefits will be continued unless you specifically request they not be.</p> <p>Hearing requests may be made in person, by telephone, or in writing.</p> <p>If you have questions regarding the proposed action you should telephone the number listed on the front in the upper right hand corner. For information about free legal advice you may call _____. This is the telephone number of the Legal Services Organization servicing your county.</p>

HOOSIER WORK CARD INFORMATION
<p>Once Food Stamp benefits are deposited in your Electronic Benefits Transfer (EBT) account they can be spent at any time. However, if no purchases are made within 365 days your account will be closed. You will lose benefits that are left in the account for more than 365 days from the date they were deposited. You must contact your caseworker to reactivate your account.</p> <p>You will need a Hoosier Works card to spend your Food Stamp benefits. After you receive your card you will need to have your card pinned in order to use it. You can do this in person at your local Office of Family and Children or over the telephone by contacting Hoosier Works Customer Service at 877-768-5098.</p> <p>If you have an authorized representative to spend your Food Stamp benefits they will receive a Hoosier Works card after your Food Stamp case is opened. If you or your authorized representative have not received a Hoosier Works card within seven (7) days after the date of this notice and you are eligible for benefits, please contact your caseworker.</p> <p>An undamaged Hoosier Works card is good indefinitely. However, if your card becomes lost or damaged you will be charged a \$2.00 fee to replace it any time during the first two (2) years of the card's issuance. This \$2.00 fee will be deducted from your Food Stamp (EBT) account balance. If you have less than \$2.00 in your account, the fee will be deducted from your next month's benefits. To obtain a replacement card call Customer Service at 877-768-5098. Once the new card is requested your old card is no longer valid.</p>